

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service, 12/24/01 through 01/14/02.
- b. The request was received on 03/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Medical Dispute
 - b. HCFA-1500
 - c. EOBs
 - d. Letter to Compliance and Practices
 - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/07/02. There is no response from the Requestor in the file.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

There is no carrier sign sheet noted in the dispute packet. There are no carrier responses in the case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 03/11/02:

"We take pride in the thoroughness of our documentation process...We based our fair and reasonable charge for CPT Code 97799-CP for all the components required to carry our Chronic Pain program....There was an individualized plan of treatment by Dr...and Dr....The Daily [sic] treatment and patient response to treatment was documented and reviewed by all doctors to ensured [sic] continued progress....Attached you will also find copies of other Explanations of Payment from (Carrier) and other carriers which show reimbursement quotas for Chronic Pain Management....Preauthorization was obtained....The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) [sic] which the health care provider has obtained preauthorization."
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for are those beginning on 12/24/01 and ending on 01/14/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the provider's TWCC-60, the provider billed the carrier \$8,800.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$3,520.00.
5. Per the provider's TWCC-60, the amount in dispute is \$5,280.00
6. Per the provider's Table of Disputed Services, the CPT code in dispute for date of service is 97799-CP, Chronic Pain Management.

V. RATIONALE

Medical Review Division's rationale:

The denial issue is fair and reasonable. The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 29th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.